


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90041 035 ****61.25

DOCUMENT # N04042			
1. Entity Name LIFE VILLAGE MOBILE HOME OWNERS ASSOCIATION, INC.			
Principal Place of Business 500 S NOVA RD ORMOND BEACH FL 32174 US		Mailing Address 613 CLOVE LANE ORMOND BEACH FL 32174	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 59-2239825		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent HANSEN, ROSE MARIE 613 CLOVE LANE ORMOND BEACH FL 32174		7. Name and Address of New Registered Agent Name: DONALD LEPORE Street Address (P.O. Box Number is Not Acceptable) 608 CLOVE LANE City: ORMOND BEACH, FL Zip Code: 32174	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Donald Lepore DONALD LEPORE, PRESIDENT/DIRECTOR 3/31/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAW, BETTY J 607 ROSEMARY LN ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESLEY REAGIN 103 LIFE BLVD ORMOND BEACH, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP REICHERT, CAL 606 CLOVE LN ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARYANNE HENDERSON 119 JASMIN DR ORMOND BEACH, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GOLLE, PHILLIP 122 JASMIN DR ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARLENE SEBBY 609 ROSEMARY LN ORMOND BEACH, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEBBY, FRANK 609 ROSEMARY LN ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLOTTE DUNCAN 125 SUNNYBROOK CIRCLE NORTH ORMOND BEACH, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CHANGE TO D <input type="checkbox"/> Delete HANSEN, ROSEMARIE 613 CLOVE LANE ORMOND BEACH FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGER SPENCER 106 SUNNYBROOK CIRCLE SOUTH ORMOND BEACH, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DONALD LEPORE 608 CLOVE LANE ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> ADDITION	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOU PIERWSZA 508 SUNNYBROOK CIRCLE WEST ORMOND BEACH, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald Lepore DONALD LEPORE 3/31/08 386-677-4902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER